

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lilibeth Badua E-ARCH	CHAPTER 100.1
Address: 4318 Laakea Street, Honolulu, Hawaii 96818	Inspection Date: July 7, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-ONCA
STATE LICENSING

JUL 21 P 3:34

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. FINDINGS Substitute care giver (SCG) #1 - There was no screening for symptoms consistent with pulmonary tuberculosis. The document in the ARCH binder was not dated.	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Annual TB certification with documentation of all individuals in the care home examined by physician needed to make sure all are free of infectious disease is very important in providing care. SCG #1 was examined by MD but missed to put the date on the form. SCG went back to MD's office to verify the document, was corrected & dated based & reformed on their records that she was seen at that date, then placed in ARCH binder.</p> <p align="right">Copy of TB certification is attached.</p>	<p align="center">7-8-21</p> <p align="center">21 JUL 21 P 3:34</p> <p align="center">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. FINDINGS Substitute care giver (SCG) #1 - There was no screening for symptoms consistent with pulmonary tuberculosis. The document in the ARCH binder was not dated.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent a similar deficiency from reoccurring in the future, any document should be checked good if it is completely & correctly filled out before placing in the ARCH binder, let person being seen by MD also to double check document if complete before leaving the doctor's office. Will attach a copy of instruction on how to complete the TB form. I will make sure that annual PE and TB clearance will be completed before it expires and updated copy will be placed in ARCH binder and should be checked every first of the month. I will also put on the calendar to alert my phone as a reminder to check ARCH binder every 1st of the month.</p>	<p style="text-align: right;">7-8-21</p> <p style="text-align: right;">21 JUL 21 P 3:34</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 - "Nitrofurantoin monohydrate macro 100 mg tab Take 100 mg by mouth two times per day" was ordered 4/11/21; however, the medication was not made available to/taken by the resident. No physician order to clarify or discontinue the medication.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">STATE OF HAWAII DOH-QHCA STATE LICENSING</p> <p style="text-align: right;">21 JUL 21 P 3:34</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.	<p align="center"> PART 2 <u>FUTURE PLAN</u> </p> <p align="center"> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? </p> <p> <i>In the future, I will make sure to check & verify back medications ordered, ask question right there before taking the resident. I will make sure that all medications are available on hand or to ask prescription to have enough medications before the next follow up with PCP. I will review all orders with RN case manager on admission day together with other SCGs to make sure medications ordered are followed correctly in the medication record & need to review every month or when there is medication changes.</i> </p>	<div style="text-align: right;"> 21 JUL 21 P3:34 <small>STATE OF HAWAII DEPT. OF HEALTH LICENSING</small> </div>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review. Physician or APRN signed orders for diet, medications, and treatments; <u>FINDINGS</u> Resident #1 - No physician order to crush medication.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Primary care Provider visited home 7/12/21 as a scheduled follow up home call appointment, obtained order to crush all medications. A note was written on each page of the medical administration record to crush all medication. Informed RN-Care manager & did training to PCP & SCG about the order. Documented on how to give medications given, like "able to swallow & difficulty swallow apple sauce."</p>	<p style="text-align: right;">7-12-21</p> <p style="text-align: right;">21 JUL 21 P 3:34</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports: (b)(4) During residence, records shall include: Entries describing treatments and services rendered; FINDINGS Resident #1 - No documentation that a "Heart Healthy pureed diet with honey to pudding thick liquids" has been provided.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">21 JUL 21 P 3:34</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports. (c)</u> Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary. <u>FINDINGS</u> Resident #1 - No incident report for open area to coccyx for which treatment/wound care was ordered twice daily.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>An incident report was made & allowed to consultant after the fact that plan of correction was made. Documentation of incident report was placed in the APRN binder not on a separate folder to be checked for review what was recorded. I instructed all SCGs how to complete Incident Reports, training was done all placed in the APRN binder and Documentation completed on resident's progress note.</i></p>	<p style="text-align: right;">6-25-21</p> <p style="text-align: right;">21 JUL 21 P 3:34</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. <u>FINDINGS</u> Resident #1 - No current inventory of resident's possessions. Last update recorded in 2017.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>The resident was readmitted as I did current inventory of all belongings & expenditures now is updated which included gifts received. All SCGs also instructed that during admission or readmission to follow the check list to be done for inventory of resident's possessions.</i></p>	<p style="text-align: right;">7-8-21</p> <p style="text-align: right;">STATE OF HAWAII DOH-OICA STATE LICENSING</p> <p style="text-align: right;">21 JUL 21 P 3:34</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 - No current inventory of resident's possessions. Last update recorded in 2017.</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure that this will not happen again in the future, I will make sure to have a check list in front of the chart to follow for admission/readmission that need to accomplish on admission day, also to instruct all SCGs to do resident's records & accounts & current inventory of possessions & shall be kept on an ongoing basis and a copy of list should be in resident's chart.</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p style="text-align: right;">7-8-21</p> <p style="text-align: right;">21 JUL 21 P 3:34</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan. FINDINGS Resident #1 - No training by the RN Case Manager for the following: a) SCG #2 - Supplemental oxygen b) Pm Lasix for edema or wheezing c) Wound care to open area on coccyx d) Medication delegation for oral and topical medication e) Crushing medication f) Arm circumference measurements g) Inhaler use training (document was not dated) h) Oral suctioning (document was not dated)	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Training done to correct the following findings of deficiencies 7-9-21</i></p> <p><i>4 were corrected as follows by RN-CM:</i></p> <p>a) Supplemental Oxygen training done 5-26-21 with RN to SCG #2, signed & dated to the purpose to provide a safe procedure, prevent errors & resident's injury</p> <p>b) All caregivers received training to the order of Lasix Pm for edema or wheezing with concern to put in mind the correct patient, correct medicine, correct dose, correct route & correct time. Record on MAR, time given, initial & documentation of its effectiveness & to notify RN and MD if not effective.</p>	<p style="text-align: right;">21 JUL 21 P3:34</p> <p style="text-align: right;">7-8-21</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH NURSING LICENSING</p>

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Attached and copies of Training.

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services. (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; FINDINGS Resident #1 - RN Case Manager did not update the care plan for the open area to the coccyx noted by the primary care giver on 6/20/21. The open area was reported to the RN Case Manager on 6/25/21. Wound care was ordered twice daily.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"> <i>The care plan is now updated, 7-9-21 I called RN case manager to come & update the care plan with its instructions & expected interventions of care to follow on open wound or to any new condition or status of the resident. Copy of updated care plan is attached.</i> </p> <div style="text-align: right;"> STATE OF HAWAII DOH-ONCA STATE LICENSING </div>	21 JUL 21 P3:34

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS Resident #1 - RN Cse Manager did not update the care plan for the open area to the coccyx noted by the primary care giver on 6/20/21. The open area was reported to the RN Case Manager on 6/25/21. Wound care was ordered twice daily.</p>	<p style="text-align: center;">PLAN OF CORRECTION</p> <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To ensure that like this issue will not happen again in the future, I will make sure to notify RN case manager about any changes right away, update on the condition, remind & keep calling the RN to coordinate to plan the care & update care plan as changes occur.</i></p>	<p style="text-align: right;">7-9-21</p> <p style="text-align: right;">21 JUL 21 P 3:34</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

Licensee's/Administrator's Signature:

Lilibeth Badua

Print Name:

Lilibeth Badua

Date:

7-21-21

Licensee's/Administrator's Signature:

Lilibeth Badua

Print Name:

LILIBETH BADUA

Date:

8-16-21

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

21 JUL 21 P3:34